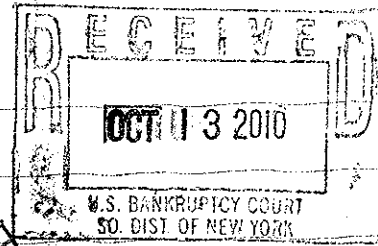


Oct 1, 2010



Re Motors Liquidation Company

f/k/a General Motors Corp Case # 09-50026

Tax ID 38-0572515

From:

Karen Grandison

18662 Schaefer Ave

Detroit, MI 48235

Re: I object to the 106 omnibus objection to expunge certain claims, which will be held before Hon. Robert E. Gerber, U.S. Bankruptcy Judge, Em 621, NY, NY. on Oct 26, 10

I am writing a response to the fact that I submitted a claim in 09, in 2010 they requested proof I sent proof electronically and certified first class mail. They have my information in writing.

I object to exhibit A, Claim # 30645 Motors Liquidation Company. Claim amt + priority Listed Unliquidated, Grounds Insufficient Documentation pages 1-5, Page 8, I do qualify, my claim is legit, I requesting 200,000 in Stock

Karen Grandison 313/467-4594

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

<u>Proof(s) of Claim Number</u>	<u>Liquidated Amount (Unsecured)</u>
30645	\$ <u>200,000.00</u>

100,000 Pension
100,000 Health Care
Social Security I will
be able to collect
at 66.

In addition, I am providing the following supplemental employee information:

☐ Employee or ☒ Surviving Spouse
☐ Active or ☐ Retired Employee
☐ Salaried or ☐ Hourly
☒ Union (Union Affiliation: Local 22)

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

x Karen Grandison
Print Name Karen Grandison
Address 18662 Schaefer Hwy
City and State Petrus, MI 48235

(1) Request that a Copy Goes to
Bankruptcy Judge
Room 61
Hon. Robert E. Gerber

02047598

APS0617753328

Pg 3 of 6

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)		Your Claim is Scheduled As Follows: <div style="font-size: 1.2em; margin-top: 10px;">\$ 53,200 pension/yr for Life Health Insr</div>
Case No. 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): KAREN GRANDISON	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where notices should be sent: KAREN GRANDISON 18662 SCHAEFER HWY DETROIT, MI 48235-1756	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: 313 467-4594 Email Address:		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input checked="" type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2)). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority: <div style="font-size: 1.2em; margin-top: 10px;">405.00 x 12/1 year in \$ 53,200/yr x 20 *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 106,400</div>
1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain in an attachment.		
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="font-size: 1.5em; margin-top: 20px;">Karen Grandison Karen Grandison</div>		FOR COURT USE ONLY

Filer's Social Security Number

037 - - - 0884

▶ 35. Residency Status in 2009:

- a. ☐ Resident
- b. ☐ Nonresident
- c. ☐ Part-Year Resident*

FROM:

TO:

*If you checked box "c," enter dates of Michigan residency in 2009.
Enter dates as MM-DD-YYYY (Example: 04-15-2009).

FILER	SPOUSE
Jan - 1 - 2009	- - - 2009
Dec - 31 - 2009	- - - 2009

PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads for which you are claiming a credit.

36. Address where you lived on December 31, 2009, if different than reported on line 1.	Taxable Value
37. Address of homestead sold during 2009 (No., Street and City).	Taxable Value

Homeowners who moved during 2009, complete lines 38 through 42.

HOMESTEAD	
A. Moved Into	B. Moved From
38. Number of days occupied (total cannot be more than 365).....	38.
39. Divide line 38 by 365 and enter percentage here.....	39.
40. Property taxes levied and assessed in calendar year 2009.....	40.
41. Prorated taxes. Multiply line 40 by percentage on line 39.....	41.
42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 7.....	42. 00

PART 2: RENTERS

A	B	C	D	E
Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	Landowner's Name and Address	# Months Rented	Monthly Rent	Total Rent Paid Less Mobile Home Taxes
				6000.00
				6000.00

44. Total rent you paid (not more than 12 mos). Add total rent for each period. Enter here and on line 8... 44. 6000.00

PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45. Name and Address of Housing Project or Landowner	
46. Enter the total rent you paid in 2009. Do not include amounts paid on your behalf by a government agency..	46. 00
47. Multiply line 46 by 10% (0.10) (see instructions). Enter here and on line 7.....	47. 00

PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED

48. Name and Address of Care Facility	
49. Your share of taxes paid by the landowner (see p. 19). Enter here and on line 7.....	49. 00

DIRECT DEPOSIT Deposit your refund directly into your bank account! See p. 11 and complete a, b and c.

a. Routing Transit Number

b. Type of Account: ▶ (1) ☐ Checking (2) ☐ Savings

c. Account Number

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2008, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2010 (MM-DD-YYYY). ▶ Filer <input type="text"/> ▶ Spouse <input type="text"/>		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. ▶ Preparer's PTIN, FEIN or SSN <input type="text"/>	
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. Filer's Signature <input type="text"/> Date 3/9/10 Spouse's Signature <input type="text"/> Date <input type="text"/>		▶ Preparer's Business Name (print or type) <input type="text"/> ▶ Preparer's Business Address (print or type) <input type="text"/>	
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you are also filing Form MI-1040, attach this form behind it.

If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956

Michigan Department of Treasury (Rev. 10-09), Page 1

2009 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 05

PLACE LABEL HERE	1. Filer's First Name <i>Karen</i>	M.I.	Last Name	2. Filer's Social Security Number (Example: 123-45-6789) <i>0334</i>
	If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Social Security Number (Example: 123-45-6789)
	Home Address (No., Street, P.O. Box or Rural Route)			4. School District Code (5 digits - see p. 49) <i>82160</i>
	City or Town <i>Detroit</i>	State	ZIP Code	

5. Check the box(es) for which you or your spouse qualify (excluding dependents):

a. ☐ Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death

b. ☐ Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled

6. Homeowners: Enter the 2009 taxable value of your homestead (see p. 20).....	6.	<i>0</i>	<i>00</i>
7. Property Taxes levied on your home in 2009 (see p. 18) or amount from line 42, 47 and 49.....	7.	<i>0</i>	<i>00</i>
8. Renters: Enter rent you paid in 2009 from line 44.....	8.	<i>6000</i>	<i>00</i>
9. Multiply line 8 by 20% (0.20).....	9.	<i>1200</i>	<i>00</i>
10. Total: Add lines 7 and 9.....	10.	<i>1200</i>	<i>00</i>

HOUSEHOLD INCOME. Include income from both spouses.

11. Wages, salaries, tips, sick, strike and SUB pay, etc.....	11.	<i>15029</i>	<i>00</i>
12. All interest and dividend income (including nontaxable interest).....	12.	<i>0</i>	<i>00</i>
13. Net business, royalty or rent income (including self-employment).....	13.	<i>0</i>	<i>00</i>
14. Retirement pension, annuity, and IRA benefits. Name of payer: <i>Pension</i> ✓	14.	<i>5193</i>	<i>00</i>
15. Net farm income.....	15.	<i>0</i>	<i>00</i>
16. Capital gains less capital losses (see p. 21).....	16.	<i>0</i>	<i>00</i>
17. Alimony and other taxable income (see p. 21). Describe:.....	17.	<i>0</i>	<i>00</i>
18. Social Security, SSI and/or railroad retirement benefits.....	18.	<i>0</i>	<i>00</i>
19. Child support (see p. 21).....	19.	<i>0</i>	<i>00</i>
20. Unemployment compensation (taxable and nontaxable).....	20.	<i>5401</i>	<i>00</i>
21. Other nontaxable income (see p. 21). Describe:.....	21.	<i>0</i>	<i>00</i>
22. Workers' compensation, veterans' disability compensation and pension benefits.....	22.	<i>0</i>	<i>00</i>
23. FIP and other DHS benefits (do not include Food Assistance Program benefits).....	23.	<i>0</i>	<i>00</i>
24. SUBTOTAL. Add lines 11 through 23.....	24.	<i>25623</i>	<i>00</i>

25. Other adjustments (see p. 21). Describe:.....	25.	<i>0</i>	<i>00</i>
26. Medical insurance or HMO premiums you paid for you and your family (see p. 21)	26.	<i>0</i>	<i>00</i>

27. Add lines 25 and 26.....	27.	<i>182</i>	<i>00</i>
28. HOUSEHOLD INCOME. Subtract line 27 from line 24. If more than \$82,650, STOP; you are not eligible....	28.	<i>25441</i>	<i>00</i>
29. Multiply line 28 by 3.5% (0.035) or by the percent in Table 3 (see p. 22) (if negative, enter "0").....	29.	<i>890</i>	<i>00</i>
30. Subtract line 29 from line 10. If line 29 is more than line 10, enter "0" and STOP; you are not eligible	30.	<i>310</i>	<i>00</i>

If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32. All others must complete line 31.

31. Multiply line 30 by 60% (0.60) (maximum \$1,200). Go to line 34.....	31.	<i>186</i>	<i>00</i>
32. FIP/DHS recipients, enter amount from Worksheet 5 on p. 22. Seniors who pay rent, complete Worksheet 6 on p. 22 and enter amount from worksheet here (maximum \$1,200). Go to line 34.....	32.	<i>0</i>	<i>00</i>
33. If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum \$1,200). Go to line 34.....	33.	<i>0</i>	<i>00</i>
34. CREDIT. If your household income (line 28) is less than or equal to \$73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than \$73,650, you must reduce your credit (see instructions on p. 22). If you file an MI-1040, carry this amount to your MI-1040, line 27.....	34.	<i>186</i>	<i>00</i>

Delta Dental Individual Enrollment

ENROLLEE INFORMATION

First Name	Middle Initial	Last Name	Birth Date	Gender	BILLING ID
KAREN	M	GRANDISON	09/02/1956	Female	800441235

Street Address

18662 Schaefer
Hwy

Address 2

City

Detroit

State

MI

Zip Code

48235

Email Address	Telephone
	(313) 467-4594

Dental

Effective Date

12/01/2009

Electronic Explanation of Benefits (EOB) Preference

Mail